



INDIAN MEDICAL ASSOCIATION

KERALA STATE BRANCH

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Thiruvananthapuram, Dated 30.06.2020

To,

**Shri. Pinarayi Vijayan
Hon. Chief Minister
Govt. of Kerala**

Respected sir,

Indian Medical Association stands with the government in the fight against Covid 19 management. We appreciate the action taken by the Govt in controlling the disease spread till date. The dedicated work of the health care workers, police personnel and the government servants deserve appreciation and the Govt coordinated the activities efficiently and we appreciate the Govt for seeking IMA's views and soliciting our support. Our expert committee analysed in detail the strategy so far in consultation with global experts and global scenario and has come out with the following suggestions.

The major areas to be focused are enumerated in the attached document. The lock down intended to arrest the massive spread was effective, but that time period was not effectively utilised for the preparedness for the next stages. The importance of infection prevention methods were not effectively driven into the common man's mind. This lead to the worsening of the situation, including community spread, as seen today. Studies on transmission, epidemiological studies are very important at this juncture, probably long overdue.

The infectivity among doctors and other health care workers are on the increase, including those in the non covid healthcare facility. This indicates the necessity for widespread tests in the community, especially doctors and healthcare workers since they may be asymptomatic carriers. Request your favorable reply on this as a Doctor's Day gift.

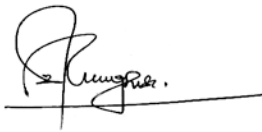
Caring minds.....healing hands

The data analysis of the treated positive patients' symptomatology, pathophysiology and treatment has not been done yet, or if it has been done, it has not been shared to the medical fraternity even. It remains in the Covid centres which are Govt institutions at present. Considering the fact that around 70 percent of the patients in our state depend upon private healthcare workers and institutions, it is an injustice in a crisis situation like this to keep the healthcare workers in such institutions in the dark.

We have to redefine the strategies exclusively taking into account the advice of subject experts, the Modern Medical Professionals, in the way ahead. In a pandemic like this when there is a huge increase in the number of patients, the clinician's role will be the most important than anyone else and strategies are to be planned by subject experts accordingly.

Committed always to the profession and to the people, IMA puts forth the following recommendations.

Thanking you
yours sincerely



Dr. ABRAHAM VARGHESE
State President, IMA KSB



Dr. P. GOPIKUMAR
State Secretary, IMA KSB



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FEEDBACK & SUGGESTIONS ON COVID MANAGEMENT

Prevention strategies:

Staggered exit to lock down was satisfactory. Special task forces to enforce social distancing in markets, construction sites, factories, eateries and work places was not setup. Continue restrictions on marriages, funerals, religious, social, political gatherings, sports involving larger groups, entertainments etc. Partial restriction and operational guidelines for public transport was prepared but not properly executed. Special guidelines for functioning of educational institutions which are to be followed keeping in mind the whole academic year to be prepared.

Use of face shield along with mask for health workers in appropriate situations.

Sales persons, Police personnel, others who deal with public should also wear face shields, in fact the use of face shield to be propagated.

Increasing the business time in shops may be considered to avoid crowding.

Steps to discourage public transport, since it increases overcrowding and spread of the disease

Increase Public awareness by involving voluntary organisations, Local bodies and the Youth wing of political parties.

Quarantine criteria:

Enforce 14 day institutional quarantine for those who come from outside the state if not tested negative. Those who are coming after antibody testing may undergo another test at 7 days. Even though home quarantine was supposed to be effective, strict room quarantine was not adhered to and probably is accelerating the community spread.

Extension of quarantine to 28 days to be on the basis of data analysis of the persons undergone quarantine.

Testing criteria & testing in community:

Testing in our state is inadequate which is at the rate of 6000 per million adding all the repeat tests. Any of the advanced health care region has done a minimum of 60000.

Testing in the community to be increased to at least 100/ lakh per day. All ILI cases & patients with any of the 11 Covid symptoms to be tested in Government and Taluk and district hospitals to be provided with Covid testing facility like Trunat or Q19 Antigen test. This more important when there are any number of asymptomatic carriers in the community. All the requests for testing by doctors in the private sector should be honoured.



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Testing facility in private hospitals:

Allow more testing facilities in private hospitals. Covid testing facility like Trunat or Q19 Antigen test does not handle live virus and can be performed by labs without higher biosafety level. For private hospitals the approval to do these tests has to be done at DMO level.

Covid preparedness plan for hospitals:

Covid preparedness is inadequate. The hospitals will not be able to handle number of Covid patients as per their bed strengths as the manpower and infrastructure requirements will be more. Require wider planning and training. IMA can become the nodal agency.

Treatment of COVID illness should be restricted to Government Institutions unless the epidemic becomes widespread. Treatment of COVID illness can be entrusted with private hospitals in the following priority.

- Those hospitals which are desirous to leave a separate facility to treat COVID patients may be permitted to do so at the rates charged by the institutions.
- Non-functioning Private Healthcare Enterprises can be converted to COVID Hospitals. Usage charges as per the rates charged by the particular institution.
- An actively functioning Healthcare Enterprise should not be converted to exclusive COVID set up.
- Co-existing COVID/Non-COVID centers in an institution should be made only if there is a feasibility to provide entirely separate facilities. Mixing of COVID/Non-COVID patients and the sharing of facilities should not happen.

In case the pandemic peaks and there is an increased demand for hospital beds, ICUs, etc, facilities in all the private hospitals can be utilized. The charging pattern for patients to be the usual charges fixed by the hospitals. For those patients with PMJY cards, special rates to be fixed as per consensus reached in discussions with private hospital associations.



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Care plan for non covid concurrent illnesses:

There is inadequate planning for management of Non covid concurrent illnesses at primary, secondary and tertiary level. The basic principle in managing any epidemic is that the management of non-epidemic diseases should not be compromised. Otherwise, mortality and morbidity due to non-epidemic illness will be more than that of the pandemic.

As many of the major Government Institutions have been converted into a dedicated COVID centers, treatment of non-COVID illness in the Government sector has been affected to a certain extend.

For the treatment of non-COVID illness, the following methods can be adopted in priority.

- Private Healthcare Enterprises which have been closed down can be utilized for the treatment of non-COVID illness using doctors, staff, lab, pharmacy, and equipment from the Government. Usage charges for the space provided to be given to the institution. If the services of staff of such an Institution is utilized, remuneration to be given.
- Using a part of a working hospital. If any hospital can spare a part of its infrastructure for utilization by Government, it may be used. The arrangement should be as per mutual agreement. Fully functioning hospitals should not be taken up for this purpose.
- Treatment of non-COVID illness by hospitals as per the rates charged by the particular institution.
- Treatment of PMJY card holders at package rates. The suggested package rates have been submitted.

Indian Medical Association Hospital board of India (IMA HBI) will issue appropriate directions to hospitals and doctors in this regard.

When one of the health worker is tested positive in a hospital, it is not advisable to close down the institution, because this may jeopardize the healthcare delivery in the region. The hospital should continue to work after adequate infection control measures.



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Training to doctors and hospital staff:

Training on Covid management and operation of HCEs in Covid era require special attention. IMA has already done lot of work in this areas. More training has to be imparted. Urgent recruitment of Doctors to fill up vacancies in the health sector is necessary.

The data on the symptomatology, pathophysiology and treatment schedule adopted for the admitted covid patients in our state has to be made available to the modern medical fraternity. This is essential for the clinicians who are going to manage the enormous number of patients in the next few days. IMA has been demanding this for the last few months now, no action has been taken by the Govt. So also no analysis or research work has been on which is essential in the case of this new virus and new disease. Several papers have been published from abroad, but not a single authoritative study from our state. It is quite unfortunate that we have to depend on studies from regions which are entirely different from our scenario. We request Hon, CM's immediate attention in this matter and favourable orders to make available the data on the public domain.

Reporting modalities:

Reporting of Covid by institutions and labs to be made hassle free through dedicated user friendly soft ware which should have options for real time two way communication.

Research:

Our state has probably the largest number of experts in various medical specialities. Their expertise to be used in the following areas and our states should form a MEDICAL RESEARCH CONSORTIUM

- * Analysis of current data
- * Participation in clinical trials
- * Vaccine

Points for research

1. Transmission dynamics

- A. Which were the groups with maximum community spread
- B. what were the risk factors for spread
- C. what were the protective factors
- D. what were the factors for spread to health care workers
- C. what could be the potential areas of intervention to check spread



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2. Clinical

- A. pattern of disease behaviour
- B. treatment options and outcome
- C. mortality analysis
- D. emerging or experimental therapies

3. Tests

- A Positive index
- B Sensitivity, specificity and factors deciding of various methods
- C Clusters and strategies

Modification of expert committee:

Formation of an expert committee with inclusion of more subject experts is essential and Medical University, Medical Council, Indian Medical Association etc has to be part of the committee. With the disease spread increasing day by day

Interdisciplinary interaction protocols:

Role of Ayush has to be defined.

Interaction between Veterinary, Technology, Engineering, Space science, IT, Environment and similar fields has to be ensured in Covid management.

COMMUNITY SPREAD

Indications of community spread are already there.

- A. Covid positivity of asymptomatic individuals who were tested on arriving at other states. Even with the limited data available, the number of positive cases are highly significant.
- B. Covid positivity in health care workers who does not treat Covid illness.
- C. Currently, majority of the tests are conducted in symptomatic individuals who come from outside the state. So the tests done in our community is limited. Even in this limited number a significant number are positive and cannot be traced to any contacts.

Hence number of tests and testing in our community should be increased to 100/ Lakh per week. Hotspot and containment zones to be screened with door to door testing.



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Silent Hypoxia, which set in after 4 to 5 days of minor illness has been found to be one of the most important triggers for the rapid worsening of the patient's condition. Many Hypoxic patients are comfortable until the condition suddenly worsens due to the normal level of carbon dioxide in the blood. Early detection of Hypoxia and early Institution of Oxygen therapy can prevent worsening and decrease mortality. This can buy a lot of time even if hospital beds are not available.

A sufficient number of handheld pulse oximeters to detect early Hypoxia and oxygen concentrators to provide oxygen at home to be procured and kept in primary healthcare centers of both government and private, housing colonies, apartment complexes, etc so that supportive care can be started early.

Now that Healthcare institutions are also can be included in the MSME packages, favourable orders to fast track the MSME benefits may be initiated.

Karunya scheme to be opened up to those who opt with covid packages forthwith.

One health concept to be initiated

Fresh graduate's employment to be done, Government order to facilitate this with adequate pay and perks to be declared.

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